

# REQUIREMENTS FOR REPORTING COMPLAINTS & GRIEVANCES RECEIVED BY THE OPERATING AGENCY AND/OR THE ALABAMA MEDICAID AGENCY

ALABAMA MEDICAID AGENCY (AMA)

## INTAKE

ALABAMA DEPARTMENT OF PUBLIC HEALTH (ADPH)

OR

IF RECEIVED BY THE ALABAMA MEDICAID AGENCY, A TRACKING LOG WILL BE USED TO DOCUMENT THE INCIDENT AND RESOLUTION OF THE INCIDENT. A COPY OF THE INCIDENT WILL BE FORWARDED TO THE ALABAMA DEPARTMENT OF SENIOR SERVICES WITHIN TWO (2) WORKING DAYS.

IF RECEIVED BY THE ALABAMA DEPARTMENT OF PUBLIC HEALTH, A TRACKING LOG WILL BE USED TO DOCUMENT THE INCIDENT AND RESOLUTION OF THE INCIDENT. THE ALABAMA MEDICAID AGENCY, LTC QUALITY ASSURANCE DIVISION WILL BE NOTIFIED WITHIN TWO (2) WORKING DAYS. COMPLAINTS OR GRIEVANCES ABOUT THE FINANCIAL ELIGIBILITY PROCESS WILL BE FORWARDED TO THE AMA ELDERLY AND DISABLED CERTIFICATION DIVISION WITHIN TWO (2) WORKING DAYS.

THE ALABAMA DEPARTMENT OF PUBLIC HEALTH WILL INVESTIGATE ALL COMPLAINTS UPON RECEIPT OF NOTIFICATION OF THE COMPLAINT. APPROPRIATE PARTIES MUST INITIATE ACTION WITHIN 24 HOURS IF IT APPEARS THAT A RECIPIENT'S HEALTH AND SAFETY IS AT RISK. IF NECESSARY, THE COMPLAINANT WILL BE INTERVIEWED. THE AMA MUST BE NOTIFIED WITHIN ONE (1) WORKING DAY OF THE ACTION TAKEN.

A PLAN OF CORRECTION WILL BE SENT TO THE ALABAMA MEDICAID AGENCY FOR ALL COMPLAINTS RECEIVED WITHIN THIRTY (30) DAYS. THE ALABAMA MEDICAID AGENCY WILL APPROVE THE PLAN OF CORRECTION IF ACCEPTABLE.

IF THE PLAN OF CORRECTION DOES NOT RESPOND TO THE COMPLAINT, THE PLAN OF CORRECTION WILL BE RETURNED TO THE ALABAMA DEPARTMENT OF PUBLIC HEALTH. A REVISED PLAN OF CORRECTION WILL BE SUBMITTED TO THE ALABAMA MEDICAID AGENCY FOR APPROVAL WITHIN TWO (2) WORKING DAYS UPON RETURN RECEIPT FROM THE ALABAMA MEDICAID AGENCY. IF THE PLAN OF CORRECTION CARRIED OUT IS FOUND NOT TO BE RESPONSIVE, THE OA WILL HAVE UP TO 45 DAYS TO REVISE THE PLAN AND CARRY OUT THE APPROPRIATE ACTION.

THE ALABAMA DEPARTMENT OF PUBLIC HEALTH WILL REVIEW ALL COMPLAINTS AND GRIEVANCES TO DETERMINE A PATTERN OF PROBLEMS IN ORDER TO ASSURE THAT NO HEALTH AND SAFETY RISK EXIST.

THE ALABAMA MEDICAID AGENCY WILL CONTACT THE RECIPIENT VIA TELEPHONE WITHIN SEVEN (7) DAYS TO ENSURE FULL RESOLUTION TO THE INCIDENT HAS BEEN COMPLETED SATISFACTORILY.

FINAL DETERMINATIONS INCLUDING ANY ADVERSE FINDINGS WILL BE REPORTED TO THE ALABAMA MEDICAID AGENCY, LONG TERM CARE DIVISION, PROGRAM MANAGEMENT UNIT.

HIV/AIDS WAIVER  
ALABAMA MEDICAID AGENCY

THE COMPLAINT AND GRIEVANCE LOGS WILL BE FORWARDED TO THE ALABAMA MEDICAID AGENCY, LONG TERM CARE QUALITY ASSURANCE UNIT QUARTERLY FOR REVIEW, TRACKING AND ASSURANCE THAT RESOLUTIONS